

Page 1 of 2

Head Start Family Demographics Form

SECTION 2: FAMILY MEMBERS

Person's Relationship to the Eligible Child (ren)

Eligible Child's Name: _____

Relationship to Child: _____

Eligible Child's Name: _____

Relationship to Child: _____

Primary Occupational Status (mark one only):☐ Paying job:☐ Full-time (more than 34 hrs./wk)☐ Part-time☐ Seasonal – Nonagricultural☐ Seasonal – Agricultural☐ Employed and in school☐ In School:☐ Toward high school diploma/GED☐ Toward trade/business qualification☐ Toward college degree☐ Toward postgraduate degree☐ In school and employed☐ Other☐ In job training program:☐ Training program with salary☐ Training program w/o salary☐ Unemployed:☐ With past employment experience☐ With no previous employment experience☐ Other:☐ Homemaker☐ Retired☐ Unable to work due to disability☐ Not Applicable**Highest Level of Education Completed:**

Date Completed: _____

Attended Vocational Training, Trade or Business School: ☐ Yes☐ NoReceived certificate or license: ☐ Yes ☐ No**Participated in Government Training program:** ☐ Yes☐ No

Training program(s) attended (mark all that apply):

☐ JOBS ☐ JTPA ☐ Job Corps ☐ Other (specify): Other**Interested in pursuing additional education/job training:** ☐ Yes☐ No☐ Not applicable**Previously enrolled in Head Start or other childhood development program:**☐ Yes☐ NoIf yes, specify which program(s) and date(s) of attendance:
from _____ to _____☐ Parent and Child Center (PCC)

from _____

to _____

☐ Comprehensive Child Development Program (CCDP)

from _____

to _____

☐ Head Start Family Child Care Program

from _____

to _____

☐ Head Start Migrant Program

from _____

to _____

☐ Head Start Home-based/Home visit (3-5 yr. olds)

from _____

to _____

☐ Head Start Center-based (3-5 yr. olds)

from _____

to _____

☐ Other (specify): Other

from _____

to _____